

NOV 14 2006

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): DAVID W. CLARK ET AL.

Docket No.

030088 (BLL-0089)

Application No.

10/611,436

Filing Date

June 30, 2003

Examiner

T. Peeso

Group Art Unit

2132

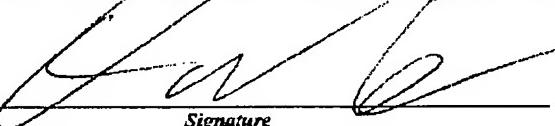
Invention: **METHOD, SYSTEM AND COMPUTER PROGRAM FOR MANAGING USER AUTHORIZATION LEVELS**

I hereby certify that this

Amend. Trans. Ltr. and Response to Office Action*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)on November 14, 2006*(Date)*Sheila Smedick*(Typed or Printed Name of Person Signing Certificate)*Debra Queado*(Signature)*

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NOV 14 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): DAVID W. CLARK ET AL.				Docket No. 030088 (BLL-0089)	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/611,436	June 30, 2003	T. Peeso	36192	2132	1963
<b>Invention: METHOD, SYSTEM AND COMPUTER PROGRAM FOR MANAGING USER AUTHORIZATION LEVELS</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 <i>Signature</i>					
Dated: November 14, 2006					
<p>David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192</p>					
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p style="text-align: center;">(Date)</p>					
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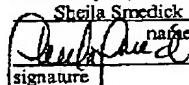
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	DAVID W. CLARK ET AL.	)
SERIAL NO.:	10/611,436	)
FILED:	June 30, 2003	)
FOR:	METHOD, SYSTEM AND COMPUTER PROGRAM FOR MANAGING USER AUTHORIZATION LEVELS	) ART UNIT: 2132 EXAMINER: T. Peeso

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Number (571) 273-8300 on November 14, 2006

Sheila Smedick

 name  
signature 11/14/06 date

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## RESPONSE TO OFFICE ACTION

Applicants respectfully request consideration of the following remarks contained herein in response to the Office Action mailed August 14, 2006. Applicants respectfully submit that the remarks contained herein place the application in condition for allowance.

030088 (BLL-0089)